

The Pegasus Project, Inc.
P.O. Box 26
Ben Wheeler, TX 75754
(903) 469-3578

ADOPTION APPLICATION

Name: _____ Date: _____

Physical
Address: _____

Mailing Address: _____

Phone

Home: _____ Work: _____

Cell: _____ E-mail: _____

1) Is this your first horse? _____ If no, when did you own a horse?

Were you sole caretaker of the horse? Y ___ N ___

Explain: _____

2) Have you had full charge of the care of someone else's horse? Y ___ N ___

Explain: _____

3) Are you applying to adopt a specific horse from The Pegasus Project? _____ If yes,
who? _____

4) If not applying for a specific horse, do you have a preference as to age, breed, gender, size, etc.? _____

5) What other characteristics do you need (eg : a horse for a child)?

6) Are you interested in a companion horse? _____

7) Who will be the primary rider/handler? _____ Age: _____

Riding level: _____

8) Do you have a professional trainer if the horse you adopt is not within your experience level? _____ If so, who? _____

9) Will others handle and/or ride the horse? If so, under what circumstances?

10) What kind of activities do you plan to pursue with the horse? (check all that apply)

English _____ Western _____ Trail _____ Showing _____ Jumping _____

4-H _____ Roping _____ Barrels _____ Packing _____ Other (please describe):

11) How will horse live? Stall _____ Outdoors _____

Briefly describe, including amount of space, shelter, other equine and non-equine animals _____

12) Please describe specifically the daily feeding routine for an average horse of the age and type you hope to adopt.

13) Please provide two references, not related to you, who have information about your capability to care for a horse.

Name and phone: _____

Address: _____

Name and phone: _____

Address: _____

14) Please provide the names, addresses and phone numbers of your veterinarian and farrier, if you have them.

Vet: _____

Farrier: _____

APPLICATION FEE: \$50 _____ PAID